

The Good Samaritan and the Truth about Covid

by Jeremy James



The Book of Ecclesiastes speaks of a poor man whose wisdom saved a city from a conquering king:

“There was a little city, and few men within it; and there came a great king against it, and besieged it, and built great bulwarks against it: Now there was found in it a poor wise man, and he by his wisdom delivered the city; yet no man remembered that same poor man. Then said I, Wisdom is better than strength: nevertheless the poor man's wisdom is despised, and his words are not heard.” (Ecclesiastes 9:14-16)

The accent in this passage is on gratitude or, more precisely, on a general failure to express gratitude when a humble hero comes on the scene and renders a great service. Many years after this event, having been saved from destruction, the citizens of the city should have been rehearsing in the ears of the next generation the timely advice given by this poor wise man. But the crisis had passed and the man himself, of lowly station, was soon forgotten.

Invisible heroes

Men and women of this calibre may pass before us and we may not notice that they just did something really special. The Word of God mentions such an act so briefly that we might miss its significance. Absalom had just rebelled against his father and forced him into the wilderness where his death seemed imminent. David sent two spies to gather intelligence in Jerusalem and report back to him. They were spotted on their return and forced to seek refuge in a home that was seemingly located on the outskirts of the city. The couple living there received them without hesitation and hid them in a well:

“And the woman took and spread a covering over the well's mouth, and spread ground corn thereon; and the thing was not known. And when Absalom's servants came to the woman to the house, they said, Where are Ahimaaz and Jonathan? And the woman said unto them, They be gone over the brook of water. And when they had sought and could not find them, they returned to Jerusalem.” (2 Samuel 17:19-20)

How often have we read this passage and given little thought to the fact that the couple had just placed their lives in jeopardy? They had no advance warning, and yet, when the fugitives arrived at their door, they let them in and gave them a place to hide. They had but moments to decide whether to turn them away or to take them in and risk certain death.



The death of Absalom

By any estimation, they were an exceptional couple. There are very few places in the Bible where we see heroism of this kind. If the Word of God did not draw particular attention to their selflessness and courage, it may have been because we were expected to see it for ourselves.

‘Covid’ Christians and the Fifth Commandment

Nothing much has changed. The heroes of today are just as hard to find. More often than not, when news of their altruism comes to light, the details are sketchy and the true extent of their sacrifice is played down. It’s as though we’d rather not know lest we perceive too keenly the yawning gap between their response and how we might have behaved in the same situation.

The recent Covid ‘crisis’ allowed many Christians to see just how few of their leaders and elders had any backbone. Only a tiny proportion dared to question the official narrative, the outrageously unscientific claims made by our respective governments, or the need to submit to edicts that were patently irrational and certain to cause unnecessary suffering. Satan made a fool of the Laodicean church. We hardly imagined that any Christian, regardless of their ethnicity or political environment, would permit their elderly mother or father to die alone, and surely no pastor or preacher would countenance such a terrible thing? Well, we were greatly mistaken.

The vast majority of Christians, not to mention their pastors and elders, chose to ignore the Fifth Commandment. It mattered not to these people that the mother or father of a fellow believer would be obliged to lie in cruel isolation for days until they died, without the care and comfort of a loved one by their side.



Their conduct was reprehensible. Perhaps more shocking, in a sense, is their continued refusal to acknowledge this grievous sin, to pretend that the government has the authority to set aside one of the Commandments given to us by God. How many more Commandments will they attempt to set aside in the years ahead and how much resistance will be shown by the Christian community? Based on what we have seen to date, their response will probably lie somewhere between fawning obedience and servile endorsement.

A genuine voice

Here and there we find a genuine voice of compassion. I would like to be able to say that the person in the case I am about to describe is a Christian. Perhaps he is, but given that he comes from Sri Lanka and makes no reference to the Bible or Christianity, he is probably a Hindu (His surname is definitely Hindu).

His story first came to light through a series of 80 or more messages which he published on Twitter. They were also brought to wider public attention by the website *GlobalResearch* on 22 June 2023:

<https://www.globalresearch.ca/nhs-director-end-life-care-confirms-doctors-lied-about-covid-being-cause-death-create-illusion-pandemic/5823447>

He identified himself on Twitter by the name *Sai*, which is short for Saineethan.

 **GlobalResearch**
Center for Research on Globalization

UK NHS Director of “End-of-Life Care” Confirms Doctors Lied About COVID Being Cause of Death to Create Illusion of a Pandemic

By [The Expose](#) and [Sai](#)
Global Research, July 08, 2023
[The Expose](#) 22 June 2023

Region: [Europe](#)
Theme: [Intelligence](#), [Science and Medicine](#)

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Born in 1987, Sai qualified as a medical doctor and took up employment with the National Health Service (NHS) in the UK. In the course of his work in End-of-Life Care (with the rank of NHS Director) he personally certified around 1,750 deaths per annum. Up to 2016, the certification process involved the following steps:

1. The doctors who treated the patient met to discuss the cause of death and decide whether to refer the death to the Coroner's Office or to complete a certificate stating the probable cause of death and, where appropriate, any contributing causes and relevant co-morbidities.
2. If the case is referred to the Coroner's Office and the Coroner decides to reject the proposed cause of death, he will call for a post mortem or an inquest to determine a definitive cause of death.
3. Since the meeting of doctors is a collegiate process, it may sometimes deliver a probable cause of death which could differ in some respects from that of a similar peer group reviewing the same case.

Sai commented on the certification process as follows:

“We essentially carried a huge amount of power with regard to decision-making, as we would go through all patient notes following the death of a patient, and essentially guide and advise doctors on what would need to be written with regards to an MCCD [death certificate] or Coroners Referral. In my personal opinion, our role was to sit on the fence and act in the best interests of a deceased patient (and their families), but also to protect the hospital and our doctors from any potential negligence. As you can imagine many battles were fought over decisions about a cause of death of a patient or a referral to the coroner... It is worth noting that Consultants are also only human and can be incorrect at times...”

The Medical Examiner's Office

Following a consultative process in 2016, the Department of Health & Social Care decided to change the procedure at (1)-(3) above, seemingly in order to ensure that variations in the probable cause of death could be eliminated. The government would appoint an independent medical professional to each hospital, known as the Medical Examiner, who would have full responsibility for assigning a cause of death in ALL cases. Henceforth, none of the hospital doctors, including treating doctors and consultants, would have the authority to sign a death certificate. Even though he/she had no personal involvement in the treatment of any deceased patient, the Medical Examiner had sole authority to assign a cause of death.

About the Medical Examiners Office

📅 Last Updated: 13 July 2023

The Medical Examiners Office is part of a national program, established by the Department of Health and Social Care. This program aims to review all patient deaths to ensure good quality patient care, supportive communication with relatives and accurate documentation of the Medical Certificate of Cause of Death (MCCD).



<https://www.ashfordstpeters.nhs.uk/meo>

To use Sai's expression, the "huge amount of power" which was held collectively by many doctors in the decision-making process was now concentrated exclusively in just one person.

In 2019 the Medical Examiner [ME] system was introduced by the hospital trust which employed Sai. He was shocked: "I knew that my time in End-of-Life Care had come to an end. I'd reached the top and there was no more progress for me. Losing all power and decision-making to any ME coming into the hospital did not appeal to me. I'd already made up my mind that I needed to leave."

His initial response to the Covid 'pandemic'

Later that year he took up an appointment with a major hospital in central London. He also switched from end-of-life care to operational management in nephrology, rheumatology etc. The first case of Covid at his hospital was in January 2020. He initially thought it was just bird flu and not a matter to be concerned about. After a few weeks, before going on holiday to Sri Lanka and Australia, he bought some N95 face masks as a precaution.



N95 face mask

When he returned to the UK in late March he became very concerned by the danger he might pose to three medically high-risk members of his family (with whom he lived). In his own words, he "was scared/fearful of giving them Covid-19." When he returned home from work each day he self-isolated in his bedroom and continued to do so for two months: "I barely came out of my room, for fear of spreading an infectious disease. Never once did I think about the situation or my prior experience or knowledge – I was just reacting to the media frenzy. I was full of panic and stress."

Doubts begin to grow

As the weeks passed it gradually dawned on him that the threat posed by 'Covid' might be greatly exaggerated. For example, he noted that when he returned to the UK from his holiday, there was no temperature monitoring or Covid-related questioning at Heathrow Airport: "This seemed odd for a potentially deadly infectious disease that was spreading around the world."

He was also greatly surprised when, just before the first lockdown, the UK government downgraded the status of Covid-19, stating that it was no longer an infectious disease: “This made no sense to me. Why would we need to isolate if they downgraded the status?”

Also, the requirement that members of the public should wear facial masks didn’t make any sense to him: “The virus would be able to go straight through. Something didn’t seem right.”

Around October he began to realize that, even if Covid was a real disease, it wasn’t infectious, “despite all the reporting in the media.” He came to this realization via discussions with his girlfriend, a medical doctor, who was also highly suspicious of the official narrative.

In order to figure out what was really going on, he decided to change jobs and take up an appointment at a hospital in south London: “I needed to experience working in a Covid-19 hotspot and see all the action for myself.” As the manager of an A&E and Acute Medical Unit he would be able to observe developments in real time.

His new job told him all he needed to know: “The 6 months that I spent working in A&E/AMU confirmed all my suspicions and culminated in my decision to end my career in the NHS.”



The PCR Test

The first red flag he encountered was the PCR test. Not once during the entire 6 months was he given a test! He walked daily around wards full of patients who had tested positive for Covid, and yet he himself was never tested. However, if he were to visit another country he would be tested multiple times.

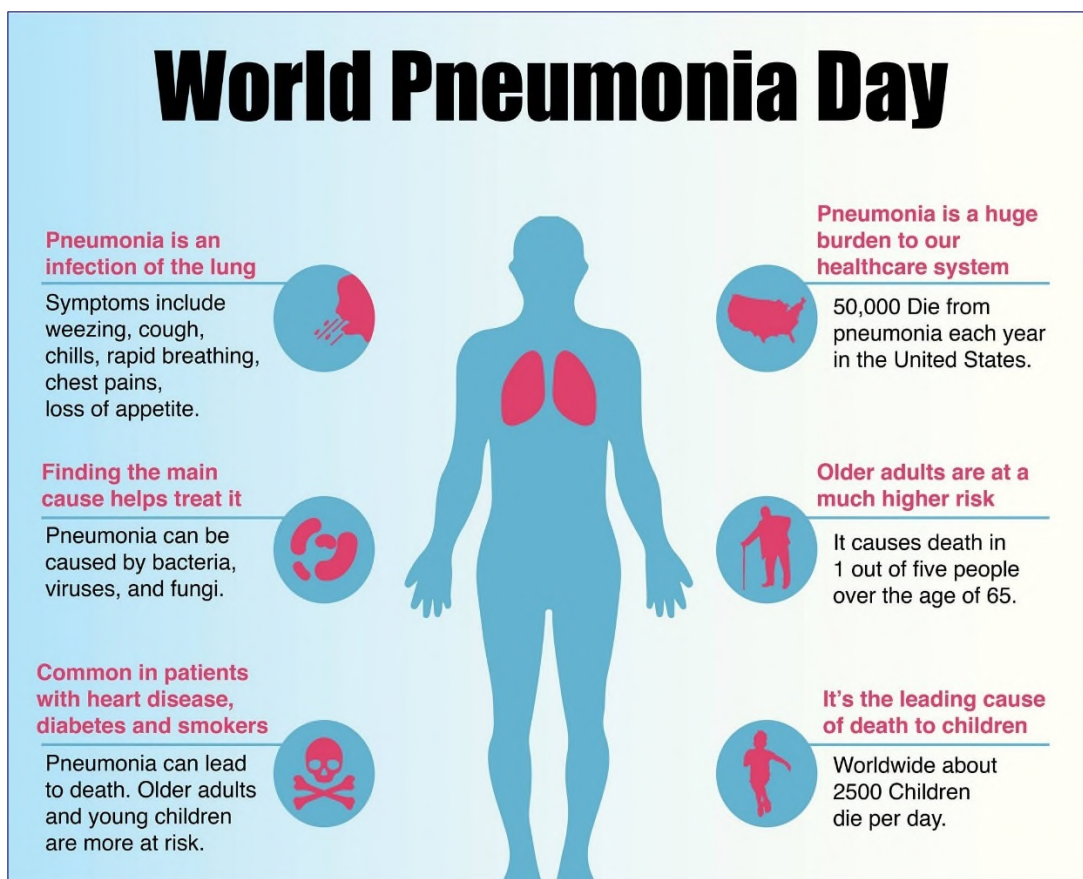
The test itself, he discovered, was nonsensical, giving countless false positive results. If a patient tested positive he or she was never tested again, so the “positive” result remained permanently on their record. As he notes, it was already well-known by August 2020 that the test was seriously flawed, as shown by numerous studies published by the Center for Evidence-based Medicine.

Cause of death

The highest cause of death per annum in every hospital in the UK is pneumonia (of which there are four clinical types). A very large proportion of these cases tested “positive” for Covid within 30 days of their demise, therefore the Medical Examiner recorded ALL of them as ‘Covid deaths’, with Covid-19 listed as the primary cause of death in each case. Covid, in effect, became the new way of recording flu. As Sai noted, “with flu now being called Covid-19, you will inevitably see Covid-19 with a huge death rate. The mainstream media was reporting on this huge increase in Covid-19 deaths due to the Medical Examiner System being in place.”

The Medical Examiner was also doing the same in many other cases: “Patients being admitted and dying with very common conditions such as old age, myocardial infarctions, end-stage kidney failure, hemorrhages, strokes, COPD, and cancer...were all now being certified as Covid-19 via the Medical Examiner System.”

Furthermore, hospitals had an incentive to report Covid as the primary cause of death because the government was making an additional payment in all such cases.



A culture of intimidation

Surely other doctors saw what was happening? Sai believes they did but did not dare to speak out:

“The General Medical Council (GMC) effectively controls all doctors in the UK [A doctor who is not on the GMC register cannot practise]. Any doctor who argued against Covid-19 as a cause of death was bullied and vilified. This ensures that there is a fear of being struck off for speaking out against an agenda. Even if a doctor realises what is going on and wants to speak out he or she will think twice about talking – they would be risking their entire career and everything they’d worked so hard for.”

Sai admits that he too would have been very reluctant to speak out if he had been married with a family and paying off a mortgage: “Doctors essentially have their hands tied, many have families, kids, mortgages and mouths to feed. If I was in their situation, I would think twice about speaking out, for fear of being struck off by the GMC and losing everything.”



A lack of medical ethics

The NHS treatment pathway involved placing patients on ventilators, even though there was a fifty percent chance of death from this clinical decision alone. He asks how many innocent people died from the clinical decision to place them on a ventilator?

During board rounds (where every admitted patient is discussed) they were seeing new patients on a daily basis who were suffering from an adverse reaction to the Covid vaccine: “Patients were blacking out after taking the vaccine or suffering from clots or strokes.”

He spoke to a number of doctors to see whether or not they would take the vaccine themselves. They all said they were going to wait for a period of time “to ensure it was safe.” He was alarmed and dismayed by their response: “How is it ethical to give a vaccine to your patients, but not want to take it yourself?”

In his 12 years with the NHS, he had never known a doctor to push a vaccine on a member of the public or to influence his or her decision: “Yet I was seeing close friends, who were doctors, starting to post on social media that they had taken the vaccine and that the public should too.”

He then made a remarkable statement which, given his professional experience and inside knowledge, ought to shock anyone who still clings to the official narrative:

“I have no doubt in my mind that the Government planned the entire pandemic since 2016 when they first proposed the change to medical death certification.”

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DG

Extract of an entry in a REGISTER of DEATHS
(Section 2(12) of the Registration of Births, Deaths and Marriages (Scotland) Act 1980)

DEATH Registered in the district of Aberdeenshire				District No. 332	Year 2022	Entry No. 819
1. Forename(s) Elizabeth Alexandra Mary						2. Sex F
Surname(s) Windsor						
3. Occupation Her Majesty The Queen						
4. Date of birth	Year 1926	Month 4	Day 21	5. Age 96 years	6. Marital or civil partnership status Widowed	
7. When died 2022 September Eighth 1510 hours						
8. Where died Balmoral Castle, Ballater, AB35 5TB						
9. Usual residence (if different from 8 above) Windsor Castle, Windsor, SL4 1NJ						
10. Cause of death (a) Old Age (b) (c) (d)						

**Extract from the Register of Deaths re Queen Elizabeth II.
Cause of death: “Old Age.”**

The last straw

Sai gives details of the case which proved to be the last straw and caused him to leave the NHS for good in 2021:

A 56-year-old male who was receiving regular dialysis treatment was admitted to A&E with end-stage kidney failure. He had no respiratory symptoms on admission and his temperature was normal. Unfortunately he was given a PCR test which gave a “positive” result. As a relatively small hospital, it had no dialysis machine. The treating doctor phoned several larger hospitals to ask if they would accept the patient and provide dialysis. In all cases they asked for the patient’s Covid status and, upon learning that it was “positive”, refused the request. The treating doctor stressed that, without dialysis, the patient would die, but it made no difference.

When the patient died the Medical Examiner recorded Covid – not end-stage kidney failure – as the primary cause of death. The treating doctor disagreed with this certified cause of death, but it made no difference.

His closing comments reveal the effect that this deplorable case had on him and why he took the bold step of putting his story in the public domain – which is certain to result in his permanent expulsion by the medical community, not only in the UK but internationally:

“When innocent people are being killed by a corrupt organisation and system, for pure monetary gain, I can’t stand by and be part of this anymore. My conscience was clear and I no longer wanted to be a part of this anymore.

“I am very blessed and lucky that I was in a position to walk away. I’ve been able to speak out, because my hands are not tied and I am not regulated by any organisation or governing body. I believe in speaking the truth and, in doing so, I am only just an instrument for God.

“I joined the NHS 12 years ago because I had the desire to help those in need, but the moment I realised that I was not doing this anymore it was the time for me to walk away.

“I apologise to you all if the above thread is confusing with regard to terminology or if you cannot understand its contents. I’m hoping that at the very least that it can be understood by my fellow medical professionals or by journalists who would like to report the truth.

“I would be very grateful if you could help spread this truth and raise awareness of what really went on within the NHS by reposting and tagging any relevant individuals who you think may help with spreading the truth of this thread.”

CONCLUSION

We would like to think that most people, having a healthy sense of right and wrong, would see that Sai was a Good Samaritan, meeting in full the standard set by Jesus. He lost a great deal personally by putting the welfare of others before his own.

But what can we say about the thousands of professionals in the NHS who said nothing, and who continue to say nothing? What standard of medical ethics, if any, do they uphold? How many of these men and women are professing Christians, skilled professionals who have pledged to protect and preserve human life? How can they look away when the psychopaths who define and control government policy are undermining public health and destroying human life? And how can they allow themselves to be co-opted into this awful process as active facilitators!

The Antichrist, when he arrives, will thrive on the plague of selfishness which afflicts the heart of man. The shameless invertebrates who control our principal institutions, along with the lesser invertebrates who bow before them – idols and false gods! – will rush headlong into the arms of the Man of Sin.

I'd like to close with a short quotation by another invisible hero within the medical profession, a man who found great joy listening to Sylvia McNair singing *I Know that My Redeemer Liveth*:

I spent a year in Afghanistan in 2009-2010, deep in the combat theater as a Navy vascular surgeon seeing the worst of the worst. I had a small sized CD player and a few discs. One had eight selected pieces from Handel's *Messiah*. This composition was played nearly every night when I could. It calmed me, brought me to peace and back to the enduring breadth of our humanity, and got me through the worst of times. It still brings me to a sudden stop – and tears... - Stephen F. McCartney, M.D. FACS US Navy Medical Corps (retired).

[<https://www.youtube.com/watch?v=Kg7aXEvCeXY>]

These men and women may receive no more than a fleeting reference in His Book, but they are there, while the names of millions who are exalted above them will vanish without trace:

**“Neither is there any creature that is not manifest in His sight:
but all things are naked and opened unto the eyes of Him
with whom we have to do.” – Hebrews 4:13**

**Jeremy James
Ireland
July 28, 2023**

- SPECIAL REQUEST -

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